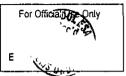
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10559	2. Fiscal Year Covered From			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Milton O McBreairty	Name Electrical Workers IBEW AFL-CIO LU 567			
	Labor Organization File Number 1016-669			
P.O. Box, Bldg., Room No., if any P.O Box 1289	P.O. Box, Building and Room Number, if any P.O. Box 1289			
Street 238 Goddard Road	Street 238 Goddarc Road			
City Lewiston	City Lewiston			
State Maine ZIP Code + 4 04240	State Maine ZIP Code + 4 04240			
5. Position in labor organization. Business Manager	The state of the s			

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is active y seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest. Transaction, or Income.			
Name _	None			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street	7.b. Allount.			
City	\$0			
State ZIP Code + 4				

Signature

15. Signature and vertication. The undersigned declares, under penalty of Penjury and other applicable \mathfrak{p} charles of the law, that all of the information	ол
submitted in this report (including the information contained in any accompanying documents), has been exercised by the signatory and is, to the best of	of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	

Signed Mitton () McR

on **2/12/**()4

(207) 786-97

i elephone Number

Name of Person Filing Milton McBreairty File Number U-

B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable and the consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business dively seeking to represent, or ndirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	4
	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg Room No., if any	a Frankrisa
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	None
	*
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	i
	11.b. Approximate dollar value of such dealing. \$0
City	12.a. Nature of interest hold or income received.
State ZIP Code + 4	None
	12.b. Amount
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of monocommunications.)	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any). Name New England Electrical Workers Benefits Fund	Filer represents IBEW LU 567 as a trustee of the Local's Health & Welfare Fund. Reimbursements were received by filer for trustee meeting lodging,
Trade Name, if any:	parking, meals and IFEBP benefits conference registration.
P.O. Box, Bldg., Room No., if any P.O. Box 5817	1
Street _	
City Wallingford	
State Connecticut ZIP Code + 4 06492	1
	<u> </u>
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$1,480

Name of Person Filing	Milton	McBreairt	y
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Part C Continuation Page

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C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name Money Purchase Retirement Plan - IBEW LU 567	Filer is a trustee of the Local's pension plan. Reimbursements were received by filer for air fare, lodging, neals associated with attendance			
Trade Name, if any:	at IFEBP annual benefits conference.			
P.O. Box, Bldg., Room No., if any P.O. Box 1289				
Street 238 Goddard Road				
City Lewiston	,			
State Maine ZIP Code + 4 04240				
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$2,063			
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any abor relations consultant to an employer any			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment			
Name Portland Electrical_JATC Fund	Filer is a trustee of the Local's joint apprenticeship and training fund. Reimbursement was received for meals and incidentals during			
Trade Name, if any:	attendance at NTJ in Knoxville, Tennessee.			
P.O. Box, Bldg., Room No., if any P.O. 1239				
Street 238 Goddard Road				
City Lewiston				
State Maine ZIP Code + 4 04240				
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment \$376			
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name	1			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	i			
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			
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